

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 8 6 5 1 0 0 0 5	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Douglas Aircraft Company 190th & Nonmandie Ave. Torrance CA 90502			A.State Manifest Document Number 84924128			
4. Generator's Phone ( )			B.State Generator's ID			
5. Transporter 1 Company Name J.C. Liquid Waste Disposal		6. US EPA ID Number C.A.D.0 5 8 0 1 8.36 7.		C.State Transporter's ID 64154 ✓		
7. Transporter 2 Company Name		8. US EPA ID Number		D.Transporter's Phone 213-268 3137		
9. Designated Facility Name and Site Address <del>Casmalia</del> Triple J 3650 E 26th St. Vernon, CA		10. US EPA ID Number C A T 0 8 0 0 3 3 6 8		E.State Transporter's ID		
			F.Transporter's Phone		G.State Facility's ID	
			H.Facility's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. Hazardous Waste Liquid NOS ORM-E NA9189			001.	TT	05000 .	G 221
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above			K.Handling Codes for Wastes Listed Above			
Alkaline Soap 5% Grease 2% Oil 3% Water 90%			01			
15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected at Triple J deliver to 2nd alternate TSDF Casmalia P.O. Box E NTU Casmalia, CA CAD020748125						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Donald C. Gerber			Signature <i>Donald C. Gerber</i>		Date Month Day Year 12/13/85	
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature <i>Sam T. Romero</i>		Date Month Day Year 12/13/85	
Printed/Typed Name Sam T. Romero w/o 55772			Signature <i>Sam T. Romero</i>		Date Month Day Year 12/13/85	
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature		Date Month Day Year	
Printed/Typed Name			Signature		Date Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name ANNELINE OSTERBERG FOR TRIPLE J			Signature <i>Anneling Osterberg</i>		Date Month Day Year 12/13/85	



2 PP 11 + Steam Slab

21721-60516

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4. Generator's Phone ( )			C.State Transporter's ID 64154 ✓		D.Transporter's Phone 213-268 3137	
5. Transporter 1 Company Name J.C. Liquid Waste Disposal			6. US EPA ID Number C.A.D.O 5 8 0 1 8 36 7		E.State Transporter's ID	
7. Transporter 2 Company Name			8. US EPA ID Number		F.Transporter's Phone	
9. Designated Facility Name and Site Address Casmalia Triple J 3650 E 26th St. Vernon, CA			10. US EPA ID Number		G.State Facility's ID	
					H.Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
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b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above			K.Handling Codes for Wastes Listed Above			
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Grease 2%						
Oil 3%						
Water 90%						
15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected at Triple J deliver to 2nd alternate TSDF Casmalia P.O. Box E NTU Casmalia, CA CAD020748125						
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Printed/Typed Name			Signature		Date	
Donald C. Gerbar			<i>Donald C. Gerbar</i>		Month Day Year 12 12 85	
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature		Date	
Printed/Typed Name Sara T. Romero up 55772			<i>Sara T. Romero</i> 55772		Month Day Year 12 12 85	
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature		Date	
Printed/Typed Name			Signature		Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name			Signature		Date	
					Month Day Year	